

## **RESOLUTION TO OPPOSE LEGALIZATION OF MARIJUANA IN IDAHO**

**WHEREAS**, Marijuana places a significant strain on our health care system, and poses considerable danger to the health and safety of the users themselves, their families, and our communities. Marijuana use, particularly long-term, chronic use that began at a young age, can lead to dependence and addiction.(i ); and

**WHEREAS**, Marijuana use is associated with addiction,(ii) respiratory illnesses,(iii) and cognitive impairment.(iv); and

**WHEREAS**, Studies also reveal that marijuana potency has almost tripled over the past 20 years,(v) raising serious concerns about implications for public health – especially among adolescents, for whom long-term use of marijuana may be linked with lower IQ (as much as an average 8 point drop) later in life.(vi); and

**WHEREAS**, Scientific research shows that legality increases the availability and acceptability of drugs, as we see with alcohol and tobacco – which far outpaces the use of illegal drugs.(vii) ;and

**WHEREAS**, Increased consumption leads to higher public health and financial costs for society. Addictive substances like alcohol and tobacco, which are legal and taxed, already result in much higher social costs than the revenue they generate. The cost to society of alcohol alone is estimated to be more than 15 times the revenue gained by their taxation.(viii);

**THEREFORE BE IT FURTHER RESOLVED** that the Idaho Association of District Boards of Health oppose legalization of marijuana because legalization would increase the availability and use of illicit drugs, and pose significant health and safety risks to our population.

- (i) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (ii) Anthony, JC, Warner, LA, and Kessler, RC (1994) Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey, *Experimental and Clinical Psychopharmacology* 2(3):244-268.
- (iii) Polen MR, Sidney S, Tekawa IS, Sadler M, Friedman GD. Health care use by frequent marijuana smokers who do not smoke tobacco. *West J Med* 158(6):596–601, 1993. Available at <http://www.ncbi.nlm.nih.gov/pubmed/8337854>
- (iv) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (v) Mehmedic, Zlatko, et al., “Potency Trends for  $\Delta^9$ -THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008.” *Journal of Forensic Sciences*, Vol. 55, No. 5. [September 2010].
- (vi) Meier et al., “Adolescent-onset cannabis and neuropsychological health.” *Proceedings of the National Academy of Sciences*. [August 27, 2012].
- (vii) Substance Abuse and Mental Health Services Administration. *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*. U.S. Department of Health and Human Services. [September 2012].
- (viii) Ellen E. Bouchery, Henrick J. Harwood, Jeffrey J. Sacks, Carol J. Simon, Robert D. Brewer. *Economic Costs of Excessive Alcohol Consumption in the U.S., 2006*. *American Journal of Preventive Medicine* - November 2011 (Vol. 41, Issue 5, Pages 516-524, DOI: 10.1016/j.amepre.2011.06.045). Available: [http://www.ajpmonline.org/article/S0749-3797\(11\)00538-1/fulltext](http://www.ajpmonline.org/article/S0749-3797(11)00538-1/fulltext)